## REPUBLIC OF VANUATU DEPARTMENT OF EDUCATION

EDU. FORM - 04 (TSC Form)

## MATERNITY LEAVE APPLICATION FORM

This Form is to be <u>used only by teachers</u>.
 Original Medical Certificate must accompany this application.

\* The Education Department's Salary Section must receive application at least (3) Months before Leave commences.

\* Please print clearly.

ENDOMOTOR AND 1.			
SECTION 1:			
Name of Officer:		Class/	
subject/Dept			_
Employment Status: Perm	anent [ ] Probation [	] Local Contract [ ] Temporar	у[]
School / College:	Province	e / Location:	
	<u>.                                    </u>		
Leave requested F	rom //	/ to / / / / Date: / / /	_/
:	Signed:	Date: ////	/
	(Teache	er)	
Approved by Headteach	er / Principal:	•	
Name:		Signed:	
-	-		
Date: ///	<del></del>	<u>.</u>	
SECTION 2:			
	du. Officer / Church Edu.	Director	
Comments:	au. Officer / Charch Edu.	Director.	
Comments.			•
N	g:		
Name:	Sign	nature; + Official stamp:	
Date: //		•	
Date: //	/		
Administration Only:		Submitting Division:	-
Administration Only:		Submitting Division :	
Administration Only:			-
Rec'd	Name		
Rec'd	Name		
Rec'd	Name		
Rec'd Signature + Official stan	Name		
Rec'd	Name		
Rec'd Signature + Official stam	NamePay		
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Rec'd  Signature + Official stam  OMC [Y] [N]  Leave = Days (not to the stance)  Less ( ) WE  Less ( ) Hol  Total Rif Days  Posted [ ]  Prepared  / / / /  Approved  / _ / _ /	Name Pay np: Pay no exceed 84 days )	Date:  Date:  Date:	